

## STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

## **COVER PAGE**

ease type or print in ink.

## A PUBLIC DOCUMENT

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Donnelly	James	Brian ye hada hada hada
1. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
Department of Conservation		
Division, Board, Department, District, if	applicable	Your Position
Div. of Oll, Gas, and Geotherr	nal Resources	Associate Oil and Gas Engineer
► If filing for multiple positions, list beli	ow or on an attachment. (Do not us	se acronyms)
Agency:	<u> </u>	Position:
2. Jurisdiction of Office (Check	at least one box)	
<b>⋉</b> State		☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County		County of
City of		Other
3. Type of Statement (Check at I	east one box)	
Annual: The period covered is Ja December 31, 2018.	nuary 1, 2018, through	Leaving Office: Date Left/(Check one circle.)
- '	, through	<ul> <li>The period covered is January 1, 2018, through the date of -or-</li> </ul>
Assuming Office: Date assumed		The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sought	t, if different than Part 1:
4. Schedule Summary (must d	complete) ► Total number	r of pages including this cover page:
Schedules attached		
Schedule A-1 - Investments -	schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments –		Schedule D - Income - Gifts - schedule attached
Schedule B - Real Property - s	schedule attached [	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or- ⊠ None - No reportable in	terests on any schedule	
5. Verification	userband (Salatine ) - 6.000 (Salatine Antibodie) de Salatine (Salatine (Salatine ) - 1. a. cer 19.4 (Salatine ) (	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	CITY blic Document)	STATE ZIP CODE
801 K Street, MS 18	Sacremne	eto CA 95814
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS
( 916 ) 322-9915		James.Donnelly@conservation.ca.gov
herein and in any attached schedules is		ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury und	er the laws of the State of Califor	rnia that the foregoing is true and correct.
Date Signed 3-5-2	019	Signature <u>Lee Marie</u>
(month, day, ye		(File the originally signed paper statement with your filing official.)